

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/08/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155714		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 , 02 B. WING _____		(X3) DATE SURVEY COMPLETED R 11/01/2012	
NAME OF PROVIDER OR SUPPLIER OAK VILLAGE INC				STREET ADDRESS, CITY, STATE, ZIP CODE 200 W FOURTH ST OAKTOWN, IN 47561			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	<p>INITIAL COMMENTS</p> <p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification, State Licensure and Quality Assurance Walk-thru Surveys conducted on 09/10/12 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 11/01/12</p> <p>Facility Number: 000517 Provider Number: 155714 AIM Number: 100266770</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this PSR survey, Oak Village, Inc. was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The original building was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility with a basement was determined to be of Type III (200) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection on both levels including the corridors, spaces open to the corridors, and hard wired smoke detectors in all resident sleeping rooms. The facility has a capacity of 50 and had a census of 30 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility</p>			{K 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{K 000}	Continued From page 1 services were sprinklered, except a detached garage used for a maintenance shop with maintenance and facility storage along with oxygen storage.			{K 000}			
{K 000}	<p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 11/07/12.</p> <p>INITIAL COMMENTS</p> <p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification, State Licensure and Quality Assurance Walk-thru Surveys conducted on 09/10/12 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 11/01/12</p> <p>Facility Number: 000517 Provider Number: 155714 AIM Number: 100266770</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this PSR survey, Oak Village, Inc. was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 18, New Health Care Occupancies, and 410 IAC 16.2. The new Dining Room and the two attached egress corridors were surveyed with Chapter 18, New Health Care Occupancies.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully</p>			{K 000}			

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{K 000}	<p>Continued From page 2</p> <p>sprinklered. The facility has a fire alarm system with smoke detection on both levels including the corridors, spaces open to the corridors, and hard wired smoke detectors in all resident sleeping rooms. The facility has a capacity of 50 and had a census of 30 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered, except, a detached garage used for a maintenance shop with maintenance and facility storage along with oxygen storage.</p>			{K 000}			